2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2008 8:00 am Secretary of State DOCUMENT #L07000023355 03-17-2008 90262 026 ***138.75 HOWLAND TECHNOLOGIES LLC Principal Place of Business Mailing Address 8584 N. ELKCAM BLVD 30003220 P. O. BOX 640847 CITRUS SPRINGS, FL 34433 BEVERLY HILLS, FL 34464 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 19406 Via Del Mar 9406 Vic Del Mar Suite, Apt. #, etc. Suite, Apt. #, etc. 04052008 Chg-LLC CR2E083 (12/06) #108 #108 City & State City & State 4. FEI Number Applied For 1ampa Tampa TL 20-Not Applicable \$5.00 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name HOWLAND, DAVID F Street Address (P.O. Box Number is Not Acceptable) 8584 N. ELKCAM BLVD CITRUS SPRINGS, FL 34433 City Zip Code 8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITI F □ Delete ☐ Change ☐ Addition David Howland NAME NAME 19406 Viadel Mar #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33647 Tampa, TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP City-St-7P TITLE ☐ Delete TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the regeiver or trusked empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytene Phone

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/17/2008-90262-026-\$138.75-\$138.75

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6. Name and Address of Corrent Registered Agent 7. Name and Address of New Registered Agent Name,							
HOWLAND, DAVID F				Street Address (P.O. Box Number is Not Acceptable)			
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8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.							
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